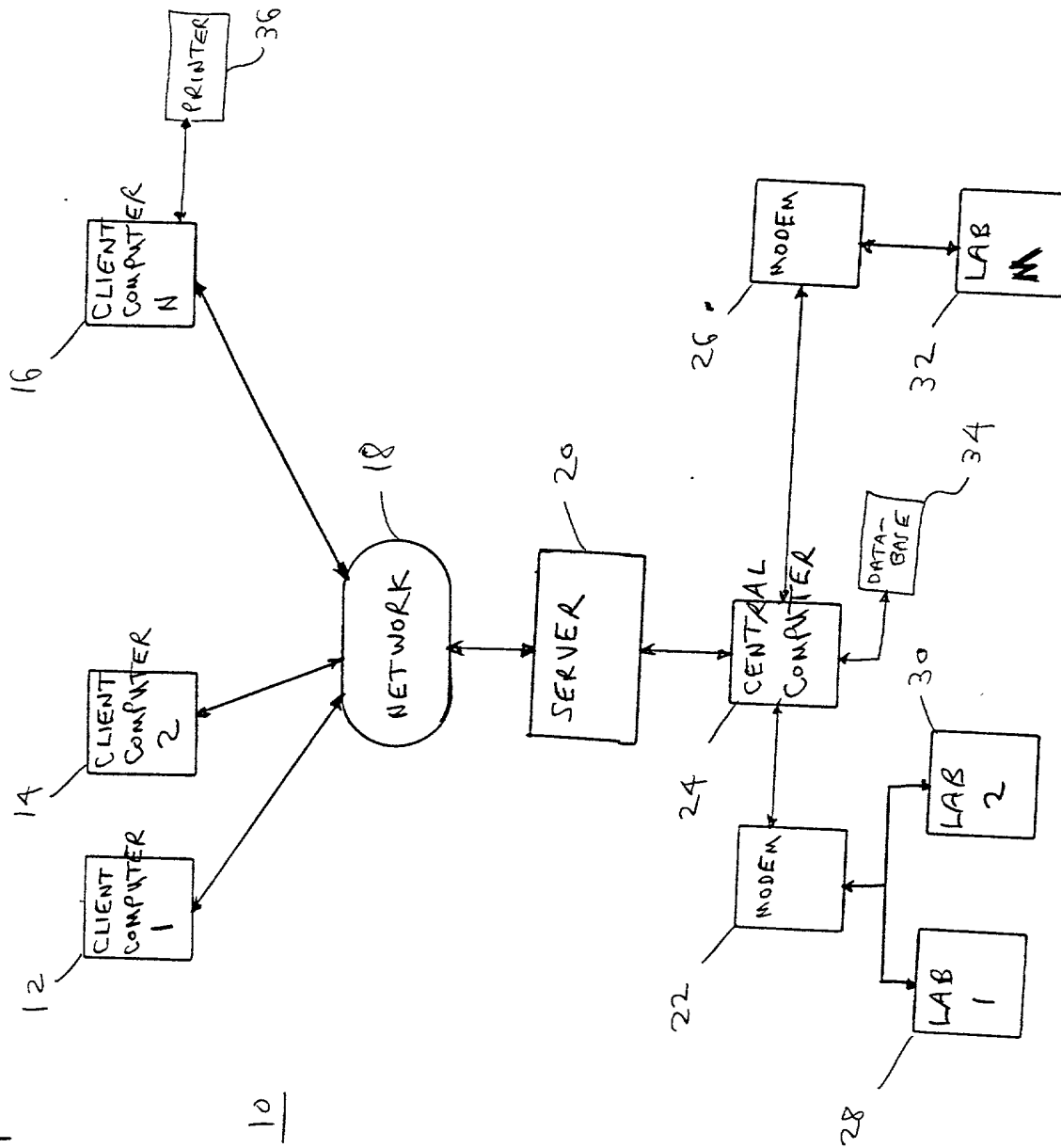


FIG. 1



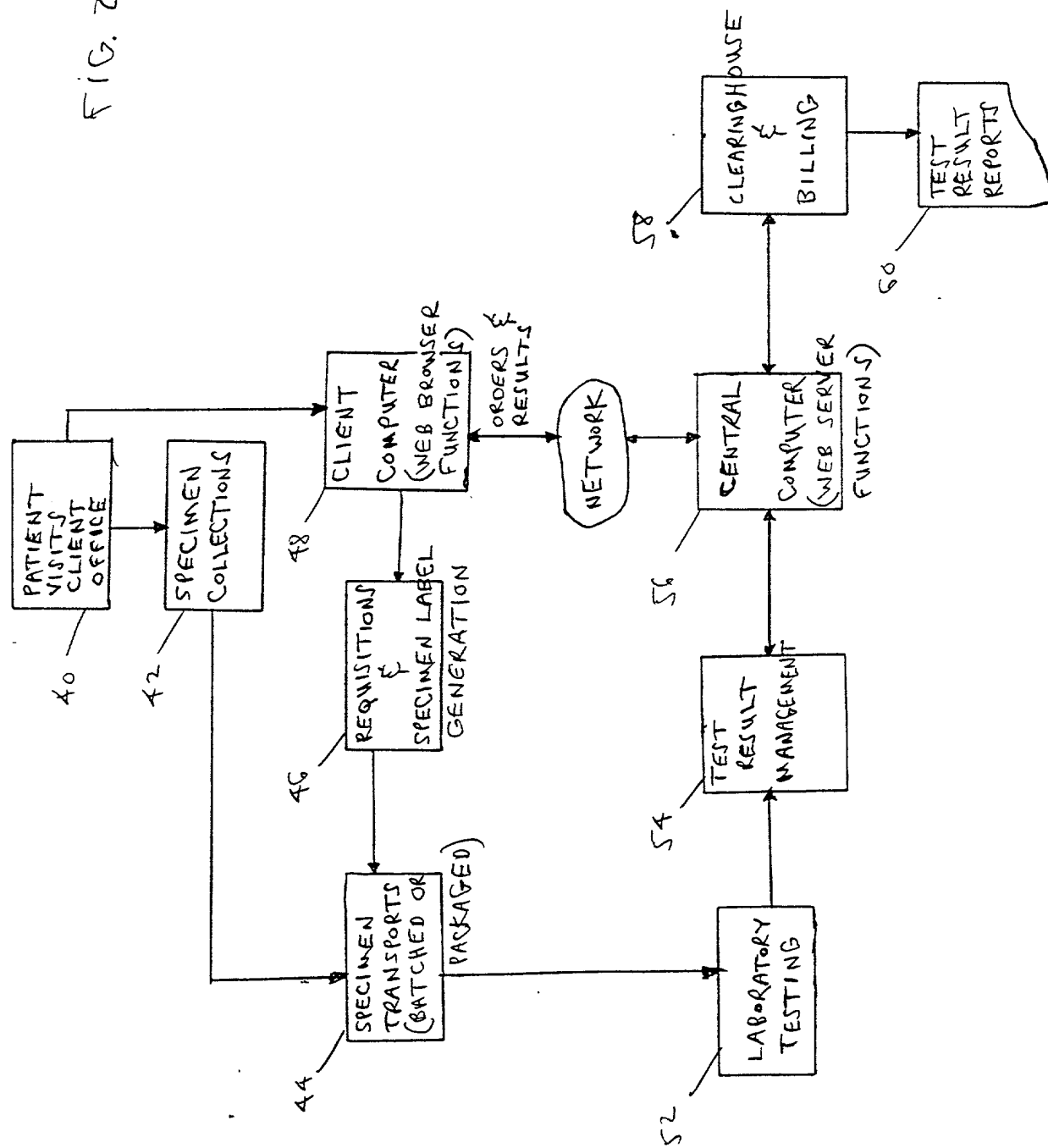


FIG. 3

40

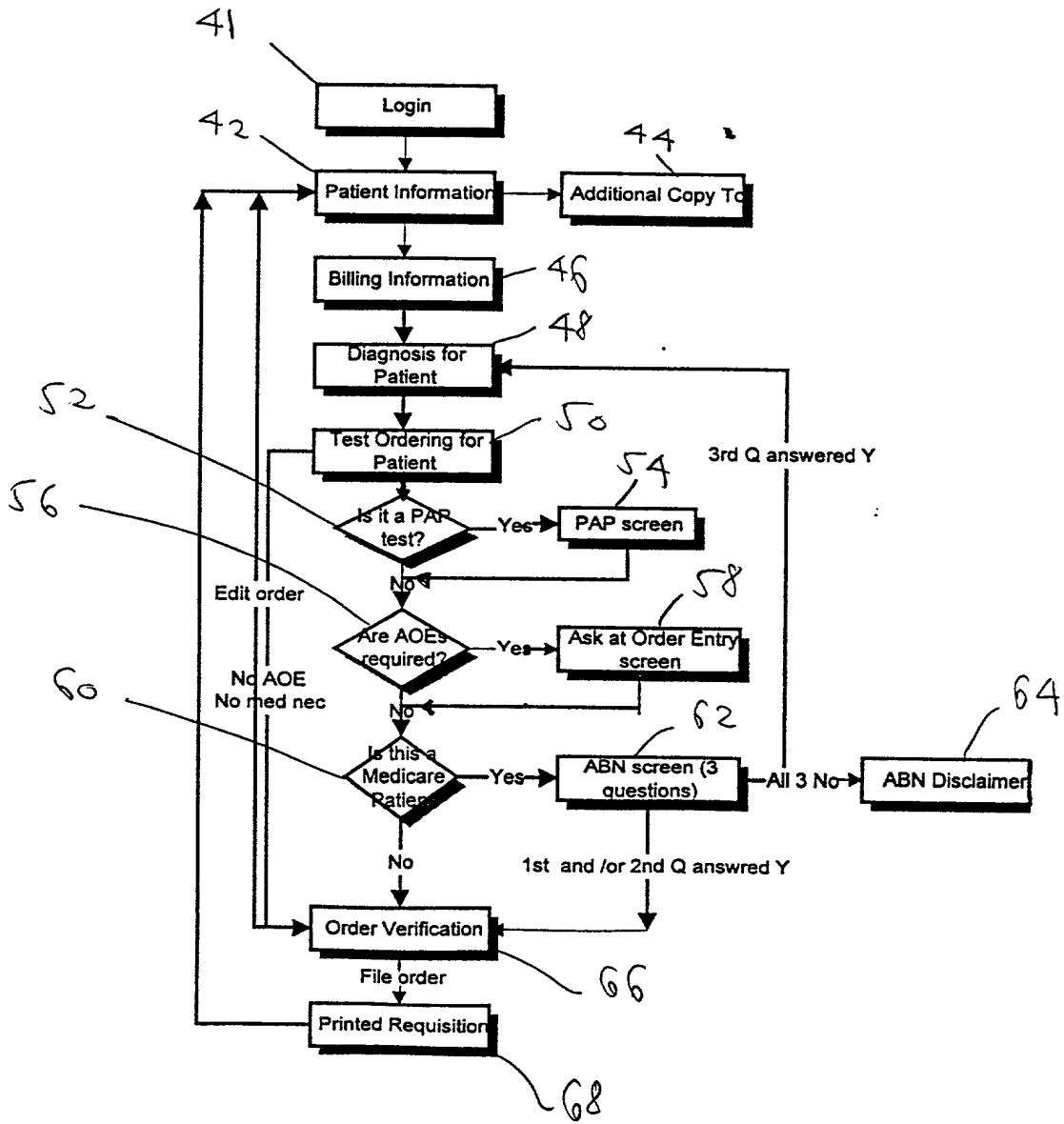
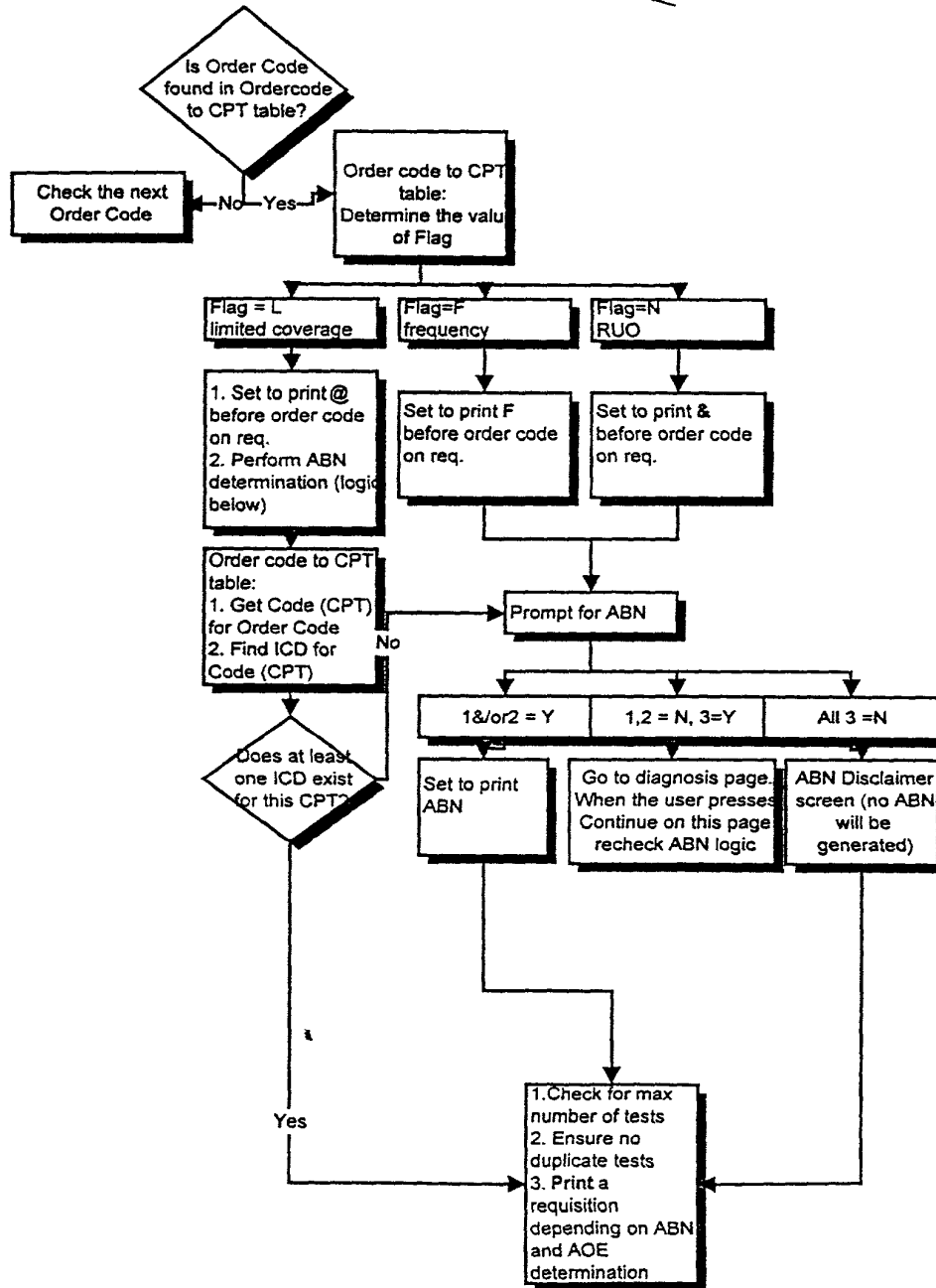


FIG. 4

70



10040-6848/50

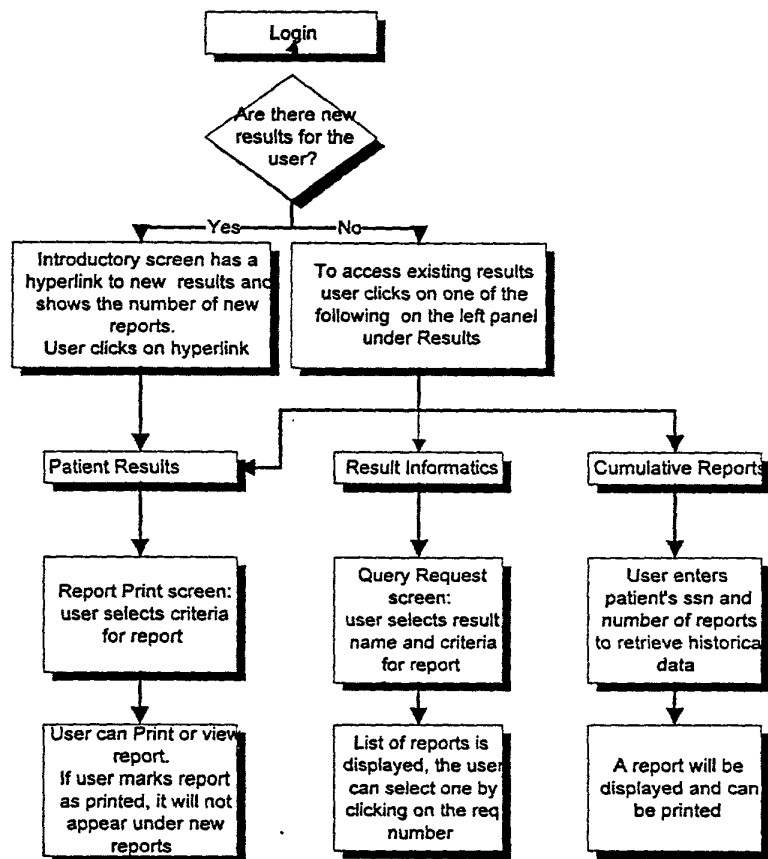
[illegible]

FIG. 6

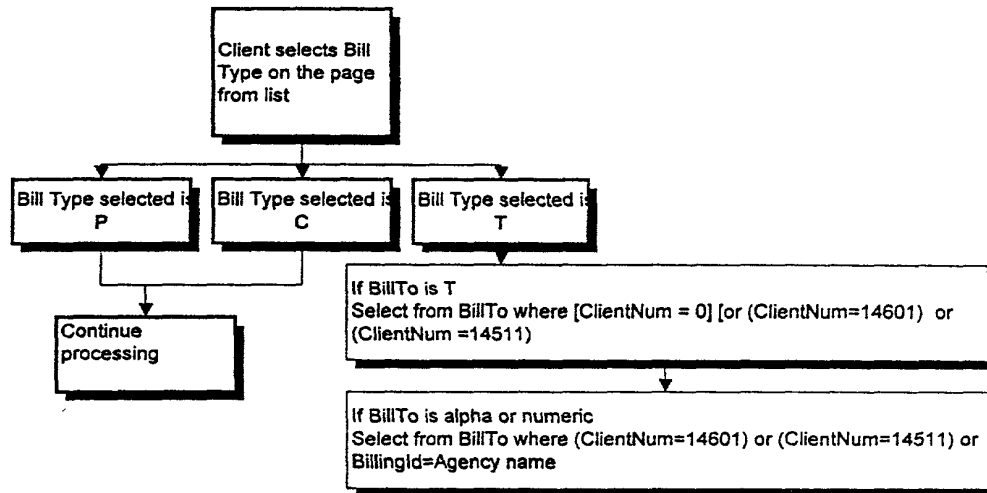


FIG. 6

# Online Clinical Information System

## Member Login

User Name:

Password:



[View Security Information/Requirements](#)

FIG. 7A

FIG. 7B

Quest Diagnostics  
New Order  
Results  
Inquiries  
Requisition Log  
Batch Manipulation  
Help  
Quit/Logout

**Patient Information**  
*Fields marked with an asterisk (\*) are required*

Client  UPIN

SSN

**Additional Report Copies**

Patient ID  Other ID

First Name  MI  Last Name

Date of Birth  Relationship

Sex  Bill Type

Street Address  City

State  Zip

Phone \*  Result Notification  Fax Number  Batch

Reporting Comments  Internal Comments

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New Order  
Results  
Inquiries  
Requisition Log  
Batch Manipulation  
Help  
Quit Logout

### Billing Information for Patient: Testing, Olga Responsible Party Information

Bill To: Insurance - Relationship: Spouse

SSN: 201201201 Fields marked with an asterisk (\*) are required

First Name \* MI Last Name \*

Olga Testing

Date of Birth (MM/DD/YYYY) \* Sex \*

09/11/1976 Female

Street Address \* City \*

any LODI

State \* Zip \* Phone \*

Alabama 07644 2019999999

Insurance Carrier \* OR Genenc Carrier

MEDICARE(MCR) Select One

Insurance ID \* Group Number Referring Physician Provider ID \*

123456789A Test Doc

<<Back Continue>>

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FIG. 7C



New Order  
Results  
Inquiries  
Requisition Log  
Batch Manipulation  
Help  
Quit Logout

### Diagnosis for Patient: Testing, Olga

max codes allowed 10

Diagnosis diagnosis code is required.

Clear Codes

<input type="checkbox"/> 101 - VINCENT'S ANGINA	<input type="checkbox"/> 1101 - DERMATOPHYTOSIS OF NAIL	<input type="checkbox"/> 3200 - HEMOPHILUS MENINGITIS
<input checked="" type="checkbox"/> 30781 - TENSION HEADACHE	<input type="checkbox"/> 7885 - CHEST PAIN	<input type="checkbox"/> 734 - FLAT FOOT
<input type="checkbox"/> V149 - HX DRUG ALLERGY NOS	<input type="checkbox"/> V150 - HX OF ALLERGY NEC	<input type="checkbox"/> V136 - FAMILY HX ALLERGIC DIS
<input type="checkbox"/> E9223 - ADV EFF INSULIN/ANTIDEP	<input type="checkbox"/> 64324 - 48N GLUCOSE POSTPARTUM	<input type="checkbox"/> 2059 - ANEMIA NOS
<input type="checkbox"/> 123 - OTHER CESTODE INFECTION	<input type="checkbox"/> V728 - LABORATORY EXAMINATION	

Edit ICD Grid

--	--	--	--	--

Description:

Search by:

☐ Code

☒ Description

Search

Code	Description

<<Back Continue>>

FIG. 7D



[illegible]

FIG 7E

Standing Orders for Patient:		Testing, Olga		
<b>Standing Order Codes:</b> <i>max codes allowed 15</i>		<input type="button" value="File Standing Orders"/>		
Reminder: Only order those tests which are medically necessary for the diagnosis and treatment of the patient				
Optional Expiration Date:		<input type="text"/>		
<input type="text" value="418"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description:				
<input type="text"/>				
Search by:		<input type="radio"/> Code		<input type="button" value="Search"/>
<input type="text"/>		<input checked="" type="radio"/> Description		
Order Code	Description			
<input type="text"/>				
<input type="button" value="Close"/>				

FIG 7F

0074889 00004  
106020 6884360

Directory of Services	
Order Code	418 <input type="button" value="Display"/>
Description	DIGOXIN
Search by	<input checked="" type="radio"/> Description <input type="radio"/> Code
Search String	<input type="text"/> <input type="button" value="Search"/>
Code	Description
<input type="button" value="Quit"/>	

FIG. 7G

Directory of Services	
<b>Code: 418</b>	<b>Description: DIGOXIN</b>
<p><b>Preferred Specimen :</b> 1 ML SERUM - DO NOT COLLECT IN SERUM SEPARATOR TUBE. COLLECT AS TROUGH AT LEAST 6-8 HOURS AFTER DOSE.</p> <p><b>Specimen Container :</b> PLASTIC SCREW CAP VIAL</p> <p><b>Specimen Volume:</b> 0.5 ML</p> <p><b>Transport Temperature :</b> AMBIENT</p> <p><b>Specimen Stability :</b> AMBIENT: 5 DAYS REFRIGERATED: 10 DAYS</p> <p><b>Reject Hemolysis :</b> NO</p> <p><b>Reject Lipemia:</b> NO</p> <p><b>Reject Thaw/Other :</b> SERUM SEPARATOR TUBE</p> <p><b>Methodology :</b> IMMUNOASSAY</p> <p><b>CPT Code(s):</b> 80182</p> <p>(The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)</p>	
<a href="#">Back</a>	<a href="#">Add To Order</a>

FIG. 7H

06784889-070001

Client Defined Order: Code Definition		
Client: 97502840 - TEST CLIENT (HQ)		
Order Policy		
<input type="checkbox"/> 748 DINK (U)	<input type="checkbox"/> 7905 ALLERGY EVALUATION AS B. PLUS NORTH CENTRAL	<input type="checkbox"/> 7940 A CREATININE CLEARANCE
<input type="checkbox"/> 76192 C TRACHOMATIS & N ONOCERHOSIS ON+ LCR URINE	<input type="checkbox"/> 7260 THYROID AUTOANTIBODIES	<input type="checkbox"/> 21174 ANTINUCLEAR ANTIBODIES PANEL SPECIFIC
<input type="checkbox"/> 20833 ANTINUCLEAR ANTIBODIES PANEL COMPREHENSIVE	<input type="checkbox"/> 1212 CHOLESTEROL ANIMAL	<input type="checkbox"/> 2560 HEPATITIS E CORE AB TOTAL (EFL)
<input type="checkbox"/> 40124 CARBID CRP	<input type="checkbox"/> 808 HOLY CHOLESTEROL	
Code      Display Name		
418	418 DIGOXIN	
<input type="button" value="Import"/>	<input type="button" value="Remove All"/>	<input type="button" value="Remove Selected"/>
<input type="button" value="Cancel"/>	<input type="button" value="Select"/>	
Code      Description		
<input type="button" value="Cancel"/> <input type="button" value="Save"/>		

FIG. 7I

Order Code	Component	Question	Answer
7943	CREATININE CLEARANCE	HEIGHT FEET	<input type="text"/>
		HEIGHT INCHES	<input type="text"/>
		WEIGHT POUNDS	<input type="text"/>
		URINE VOLUME	<input type="text"/>
		COLLECTION TIME	<input type="text"/>
		<a href="#">&lt;&lt;Back</a>	<a href="#">Continue&gt;&gt;</a>

FIG. 7J

FIG. 7K

**Please Note:**  
A signed Advance Beneficiary Notice (ABN) is required for this requisition and must accompany the sample.

**ABN Queries**

1. Will the patient sign an ABN form?	<input type="radio"/> Yes <input type="radio"/> No
2. Is the patient here to sign an ABN?	<input type="radio"/> Yes <input type="radio"/> No
3. Are there any other medically appropriate diagnosis codes in the patient's chart for this date of service?	<input type="radio"/> Yes <input type="radio"/> No

[Submit](#)

[ABN Rules Documentation](#)

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09734989 07094

FIG. 7L

Doc  
Client  
Req

Doc, Jane M  
Client : 97502840  
Req : 0030486



0030486 97502840

00784889-070901

Order Verification for Patient: Testing, Olga	
Client 97502840 - TEST CLIENT (HQ)	
UPIN D09876 - Test, Doc	
Patient Information:	
SSN 201201201	ID 123456789012345
Last Name Testing	
First Name Olga	MI
DOB 09/11/1976	Sex F
Address any	City LODI
State AL	Zip 07644
Phone 2019999999	
Billing Type Insurance	
Responsible Party:	
Relationship Spouse	SSN 201201201
Last Name Testing	
First Name Olga	MI
DOB 09/11/1976	Sex F
Address any	City LODI
State AL	Zip 07644
Phone 2019999999	
Group #	
Ins ID 123456789A	
Physician ID Test, Doc	
Insurance Carrier MCR - MEDICARE	
Tests Ordered:	
Code	Description
7943	# CREATININE CLEARANCE
418	DIGOXIN
Requisition Level Diagnoses:	

FIG. 7M

☐ **Print**
☐ **Print Page**
☐ **Print Page 1**
☐ **Print Label**

3

1. Name of the organization	2. Address	3. City	4. State	5. Zip	6. Telephone	7. Fax	8. E-mail	9. Website	10. Other contact information
11. Name of the person	12. Title	13. Address	14. City	15. State	16. Zip	17. Telephone	18. Fax	19. E-mail	20. Website
21. Name of the person	22. Title	23. Address	24. City	25. State	26. Zip	27. Telephone	28. Fax	29. E-mail	30. Website
31. Name of the person	32. Title	33. Address	34. City	35. State	36. Zip	37. Telephone	38. Fax	39. E-mail	40. Website
41. Name of the person	42. Title	43. Address	44. City	45. State	46. Zip	47. Telephone	48. Fax	49. E-mail	50. Website
51. Name of the person	52. Title	53. Address	54. City	55. State	56. Zip	57. Telephone	58. Fax	59. E-mail	60. Website
61. Name of the person	62. Title	63. Address	64. City	65. State	66. Zip	67. Telephone	68. Fax	69. E-mail	70. Website
71. Name of the person	72. Title	73. Address	74. City	75. State	76. Zip	77. Telephone	78. Fax	79. E-mail	80. Website
81. Name of the person	82. Title	83. Address	84. City	85. State	86. Zip	87. Telephone	88. Fax	89. E-mail	90. Website
91. Name of the person	92. Title	93. Address	94. City	95. State	96. Zip	97. Telephone	98. Fax	99. E-mail	100. Website

Doc #: 8898427 Client #: 9758284H

TEST CLIENT (HQ)  
THOMAS MORAN  
1201 S COLLEGEVILLE RD  
COLLEGEVILLE, PA 19426-2998

**For Lab Use**

Page 8 of 1  
Quest Diagnostics Incorporated

e

Patient Information
Testing, Olga any LODI, MA 07844

Collection Date: 01/05/2001 Urine Volume: 800ml	Time: Flowing:	Pen ID #: 120456789012345 DOB: 09/11/1976 Gender: Male Priority: Normal	SW # : 20101201 Sex : F
Ref Physician: Ref Physician S. Taw-Dec U.P.I.N: D09976		Responsible Party: Olga Tawing any LOU, AL 07664 Carrier: HCA - MEDICARE Insurance # 120456789A SW: 20101201 DOB: 09/11/1976	Bill Type: Insurance Phone: 2019999999 Group #: Relation: Spouse Sex: F
ICD Diagnosis Code(s): 307.81			

Client : 97502840 Reg 0000427  
Patient : Tsving, Olga  
PID 122456789012345

Cliens 97502840 Reg. 0000427  
Patients: Testing, Olga  
PID 123456789012345

## ABN Message

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (3)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Tests ordered by your physician and identified on this request with the "G," "S" or "T" symbol are likely to be denied for payment. These tests designated with the "G" symbol are likely to be denied for payment because Medicare usually does not pay for these tests for the reported diagnosis. These tests designated with the "S" symbol are likely to be denied because the test is performed using a kit that is non-FDA approved/experimental. The Count Blood and PSA laboratory tests that are



**Report Print**

Client: [67] TEST CLIENT (HQ) - 97502840

Reports: ☒ New ☐ Previously Printed ☐ New Reports Available: 67

Patient Name: \_\_\_\_\_

Requisition: \_\_\_\_\_

Date Range: Start Date (mm/dd/yyyy) 09/27/2000  
End Date (mm/dd/yyyy) 01/05/2001

Result Types: ☐ Abnormal Only ☐ Normal Only ☒ All

Sort By: ☐ Patient Name ☐ Req ☐ Date

Report Status: ☐ Final Only ☐ Partial Only ☒ All

Collate: ☐ Descending ☒ Ascending

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FIG 8A

**Selected Reports** Page 1 of 1

Requisition	Accession	Patient Name	Date	Status	Abnormal	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000193	TP003592T	GULLERY, VICKY T	11/10/2000	Final	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000195	TP003593T	GULLERY, VICKY T	11/10/2000	Partial	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000196	TP003594T	GARY, TOLENTINO M	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000197	TP003595T	DOMENICI, HENRY M	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002083	TP003603T	T, T	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002084	TP003624T	TEST, COPYTO	11/14/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002120	TP003687T	TEST, COPYTOS	11/27/2000	Final	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002141	TP003709T	TESTING, DAVE	11/28/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>

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FIG. 8B

Requisition Number: 0000193 Client: 97502840  
 Patient Name: GULLERY, MICKY L. Referring Physician: D11111  
 Age: 7M Room Number:  
 Birth Date: 03/18/2000 Patient Id: PID222  
 Gender: F Collected: 11/07/2000 11:10AM  
 Social Security Number: 564902765 Logged: 11/07/2000 02:55PM  
 Accession Number: TP003592T Reported: 11/10/2000 04:50PM  
 Urine Volume:  
 Report Comments: THIS IS A REPORT COMMENT  
 FASTING

Report Name	Results	Units	Reference Range	Site
<b>LIPID PANEL</b>				
TRIGLYCERIDES	206 (M)	MG/DL	<200	IP
<b>CHOLESTEROL TOTAL</b>				
CHOLESTEROL TOTAL	190	MG/DL	NOT DEFINED	IP
<b>HDL-CHOLESTEROL</b>				
HDL-CHOLESTEROL	38	MG/DL	NOT DEFINED	IP
<b>LDL-CHOLESTEROL</b>				
LDL-CHOLESTEROL	96	MG/DL (CALC)	NOT DEFINED	IP
<b>CHOL/HDL-C RATIO</b>				
CHOL/HDL-C RATIO	4.5 (M)	(CALC)	<4.46	AT
<b>LYME DISEASE IGG ABS. WESTERN BLOT</b>				
Igg	POSITIVE		NEGATIVE	IP
<b>BANDS PRESENT</b>				
BANDS PRESENT	10			IP
<b>HEPATITIS B CORE AB TOTAL</b>				
HEPATITIS B CORE AB TOTAL	NON-REACTIVE		NON-REACTIVE	IP
<b>FERRITIN</b>				
FERRITIN	45	NG/ML	12-113	IP
<b>THYROID STIMULATING HORMONE</b>				
THYROID STIMULATING HORMONE	2.4	MICRO IU/ML	0.4-6.5	IP
<b>DISOPYRAMIDE</b>				
DISOPYRAMIDE	0.5 (L)	MG/L	2.0-5.0	IP

POTENTIALLY TOXIC: > 5.0  
 Back Print

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FIG. 8C

Query All Patients Request

Client: TEST CLIENT (HQ)  
 Result Name: SPECTRUM (55000400)  
 Data Range: Start Date (mm/dd/yyyy): 09/04/2000  
 End Date (mm/dd/yyyy): 12/13/2000  
 Age: Greater than or Equal To:  
 Less than or Equal To:  
 All ☒  
 Sex: Male ☐  
 Female ☐  
 Unknown ☐  
 All ☒  
 Value: Greater than or Equal To:  
 Less than or Equal To:  
 Abnormals Only ☐  
 All ☒  
 Sort By: Patient Name ☒  
 Res ☐  
 Value ☐  
 Descending ☐  
 Ascending ☒  
 Quit Query Reset

FIG. 8D

0000193-00000000

Query Results						Page 1 of 2
Report Number	Report Date	Client Name	Report Date	Age	Sex	Report Number
0001772	09/07/2000	DUGAN, CAROLE L	01/03/1957	43	F	140
0001879	09/10/2000	DUGAN, CAROLE L	01/03/1957	43	F	145
0001881	09/11/2000	DUGAN, CAROLE L	01/03/1957	43	F	TNP
0001959	09/18/2000	DUGAN, CAROLE L	01/03/1957	43	F	140
0001774	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	140
0001775	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	145
0001776	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	147 - H
0001778	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	134 - L
0001779	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	145
0001781	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	137
0001782	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	136
0001784	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	139
0001785	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	140
0001786	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	147 - H
0001787	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	136
0001788	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	150 - H
0001789	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	138
0001790	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	135
0001791	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	148 - H
0001792	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	142

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FIG. 8E

FIG. 8F

Cumulative Reporting	
Client	TEST CLIENT (HQ)
SSN	
Number of Reports to go back	2 3
Out	Query

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Quest Diagnostics

Search

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Code Report Title

New Order  
Results  
Inquiries  
Diagnostic Codes  
Test Dictionary  
Insurance  
Companies  
Eligibility  
Verification  
Requisition Log  
Batch Manipulation  
Help  
Quit Logout

FIG. 9A

FIG. 9B

Selection

Insurance Company Select Insurance

Member Number

Member's Social Security

Member's Birth Date / /

Member's Last Name

Date of Service 01 / 05 / 2001

Out Out Report

Response

Status

Name

Gender

Member/Insured Id Number

Social Security Number

Responsible Party Address

Responsible Party Phone

Contract Number

Service Number

Group Number

Third Party Forms Code

Relationship Code

Bill To



[illegible]

19:18 Minutes before "time-out"

### Local plans